# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Feb 26, 2009**
**Secretary of State**

DOCUMENT# L06000083502

**Entity Name:** INSURACLAIM, LLC

**Current Principal Place of Business:**

21218 ST ANDREWS BLVD
#224
BOCA RATON, FL 33433 US

**New Principal Place of Business:**

20283 STATE ROAD 7
400
BOCA RATON, FL 33498 US

**Current Mailing Address:**

21218 ST ANDREWS BLVD
#224
BOCA RATON, FL 33433 US

**New Mailing Address:**

20283 STATE ROAD 7
400
BOCA RATON, FL 33498 US

**FEI Number: 20-8209144** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

INSURANCE SERVICE ASSOCIATES LLC
20283 SR 7 SUITE 400
BOCA RATON, FL 33498 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete
Name: ALBA, DAN
Address: 21218 ST ANDREWS BLVD, #224
City-St-Zip: BOCA RATON, FL 33433 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition
Name: ALBA, DAN
Address: 20283 STATE ROAD 7 SUITE 400
City-St-Zip: BOCA RATON, FL 33498 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DAN ALBA MGRM 02/26/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date